

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. 09/355991	FILING DATE
CLAIMS							APPLICANT/SL	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2	/						52	
3		/					53	
4		/					54	
5		/					55	
6		/					56	
7	/						57	
8	/						58	
9		/					59	
10		/					60	
11		/					61	
12		/					62	
13		/					63	
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15	/						65	
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18		/					68	
19		/					69	
20		/					70	
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42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	10						TOTAL IND.	
TOTAL DEP.	15						TOTAL DEP.	
TOTAL CLAIMS	25						TOTAL CLAIMS	